

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS4961AGZ</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/12/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>7TH HEAVEN</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1205 PONCE DE LEON AVE LAS VEGAS, NV 89123</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p><b>Initial Comments</b></p> <p>The survey was conducted using Nevada Administrative Code (NAC) 449, Residential Facility for Groups Regulations on 9/12/2008, adopted by the Nevada State Board of Health on July 14, 2006.</p> <p>This Statement of Deficiencies was generated as a result of the initial State Licensure survey conducted at your facility on 9/12/2008.</p> <p>The facility has applied for license as a nine (9) beds Residential Facility for Group which provides care to persons with Alzheimer's disease, Category II residents.</p> <p>As a result of the initial State Licensure survey, the facility only had adequate space and accommodations to be approved for licensing as a seven (7) beds Residential Facility for Group which will provide care to persons with Alzheimer's disease, Category II residents.</p> <p>The census at the time of the survey was zero (0) residents. One (1) sample resident file was reviewed and two (2) employee files were reviewed.</p> <p>There were no complaints investigated during the survey.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>The following regulatory deficiencies were identified:</p>	Y 000		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 236 SS=C	<p>449.216(2) Common Areas - Per Resident Size</p> <p>NAC 449.216</p> <p>2. The common areas must be large enough to accommodate those to be served without overcrowding the areas. A minimum area of 15 square feet of total common area space per person must be provided.</p> <p>This Regulation is not met as evidenced by: Based on observation and measurement of the common area there was sufficient space for 7 residents.</p> <p>Findings:</p> <p>The measurement of the facility open common (living) area on 9/12/2008 was 12 ft x 9 ft, 108 square feet, sufficient for 7 residents. A grand piano and other furniture in the living area constrained the available common space.</p> <p>Severity: 1                  Scope: 3</p>	Y 236		
Y 238 SS=C	<p>449.216(4) Dining Room - Per Resident Size</p> <p>NAC 449.216</p> <p>4. The dining room must be sufficient size to accommodate all the residents comfortably. A minimum area of 10 square feet per person must be provided.</p> <p>This Regulation is not met as evidenced by: Based on observation and measurement of the</p>	Y 238		

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Y 238	<p>Continued From page 2</p> <p>dining area there was enough space per person to accommodate 7 residents being served without overcrowding.</p> <p>Findings:</p> <p>The measurement of the facility available dining room space on 09/12/2008 was 8 ft x 9 ft, 73 square feet, sufficient for 7 residents. Furniture in the dining area constrained the available dining space.</p> <p>Severity: 1                  Scope: 3</p>	Y 238			

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